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# OFFICIAL

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Our File No.: 19011.1350

In re Application of:

McEwan et al.	\$	
McEwan et al.	\$	
Application No: 09/856,387	\$	Group Art Unit: 3621
Examiner: CHEUNG, Mary	\$	
Filed: May 22, 2001	\$	

PROSPECTING §

I hereby certify that this paper is being transmitted by facsimile on the date indicated below Date of Depsit: June 27, 2004

Signature Gregory Scott Smith, Reg. No. 40,819

Title: AGENT MANAGED VIRTUAL

# RESPONSE TO FIRST OFFICE ACTION INCLUDING REVOCATION AND APPOINTMENT OF NEW POWER OF ATTORNEY AND REQUEST FOR 3 MONTH EXTENSION OF TIME

Mail Stop Non-Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

#### To the Patent Office:

This is a response to the First Official Action mailed by the U.S. Patent Office on December 9, 2003. At the issuance of the Official Action, 19 claims are pending with claims 1-19 having been rejected. The applicant respectfully requests the Patent Office to review the amendments and remarks contained within this response, enter the amendments into the application, and withdraw the present rejections.

#### Non-Fee Amendment

Applicant Docket No. 19011.1350

#### Revocation and Appointment of New Power of Attorney

A Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address is being filed with this response. This request includes USPTO form PTO/SB/82 along with USPTO form PTO/SB/96, STATEMENT UNDER 37 CFR 3.73(b) establishing a chain of title for this application and an affidavit signed by an officer of SilverPop Systems, the current owner of this application.

Please change the docketing number associated with this case to the following number:

Attorney Docket No. 19011.1350

### Non-Fee Amendment

Applicant Docket No. 19011.1350

## Request for Extension of Time

The applicant requests a six month extension of time under 37 CFR 1.136 and encloses PTO form 2038 for authorization to charge the \$475 fee to a credit card account along with the Fee Transmittal form.